

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)		VOUCHER NUMBER	
1. CIR/DIST./DIV. CODE	2. PERSON REPRESENTED		
CANSJ	YU, THUZAR TIN		
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER CR-08-90346-MISC-	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT NUMBER
7. IN CASE/MATTER OF (Case Name) IN RE: THUZAR TIN LIU	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Other... <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Other... <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Amelle	10. REPRESENTATION TYPE (See Instructions) WI
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense Precharge			
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS ROBERT E. CAREY P.O. BOX 1040 PALO ALTO CA 94302 Telephone Number 650-328-5510		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____	
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions, FILED		15. Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OK <input type="checkbox"/> Other (See Instructions) Mag. Judge Lloyd Signature Of Presiding Judicial Officer or By Order Of The Court 7/21/2008	
16. CATEGORIES (attach itemization of services with dates) In Court: a. Arraignment And/or Plea b. Bail And Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify) In additional sheets (RATE PER HOUR =) TOTALS:		17. HOURS CLAIMED 18. TOTAL AMOUNT CLAIMED 19. MATH/TECH ADJUSTED HOURS 20. MATH/TECH ADJUSTED AMOUNT 21. ADDITIONAL REVIEW	
Out Of Court: a. Interview and conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR =) TOTALS:			
22. TRAVEL EXPENSES (Lodging, parking, meals, mileage, etc.) 23. OTHER EXPENSES (other than expert, transcripts, etc.) 24. GRAND TOTALS (CLAIMED AND ADJUSTED): 25. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		26. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 27. CASE DISPOSITION	
28. CLAIM STATUS Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.		 <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Signature Of Attorney _____ Date _____	
29. IN COURT COMP.		30. OUT OF COURT COMP.	
31. TRAVEL EXPENSES		32. OTHER EXPENSES	
33. TOT. AMT. APPROVED		34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount	
35. DATE		36. DATE	
37. 28A. JUDGE/MAG CODE		38. 34A. JUDGE CODE	
39. 33. TOTAL AMT. APPROVED		40. 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount	